

CECIL TOWNSHIP

Rezoning Request

READ CAREFULLY any omissions may delay processing of your application. All information below must be complete and requested attachments must accompany the application or the filing may be denied.

The following information must be submitted with the application:

Washington County Planning Commission:

All requests for rezoning must be submitted to the Washington County Planning Commission for review at least 30 days prior to a public hearing before the Township Supervisors. The Washington County Planning Commission can be reached at 724-228-6811.

Date of submission to County: _____

Application checklist: All the following must be complete and or included before the application can be processed.

- ☐ The application has been completely filled out.
- ☐ Application made to Washington County Planning Commission for recommendation.
- ☐ The appropriate fee of \$150.00 is attached.
- ☐ A complete list of all property owners within three hundred feet (300') of the exterior limits of the property.
- ☐ Eight (8) copies of an area map prepared by an engineer, surveyor, or other competent party showing all lots and streets in the area to be rezoned and within the surrounding one-quarter-mile (1/4) radius.
- ☐ The application is signed by all registered owners of property requesting to be rezoned.
- ☐ **If applicant is other than property owner, written Power of Attorney must be attached.**
- ☐ A narrative statement on how the proposed amendment is consistent with the comprehensive plan.

Applications for rezoning must be submitted no later than the Planning Commission filing deadline. The application will be placed on the agenda for the following month's Planning Commission meeting for recommendation, after which a Public Hearing, will be held by the Township Supervisors, at the next regular monthly meeting, the third (3rd) Wednesday of each month. Due to regulations for advertising and legal procedures, no application will be accepted after the filing deadline.

For Township Use

☐ Denied for filing:(See information in red above)

Code Official: _____ Date: _____

Cecil Township
Application for change of zoning classification

File No. _____

Applicant: _____ **Affiliation to Owners:** _____

Applicants Address: _____ City: _____ St: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Properties requesting to be rezoned
(Be sure each property owner signs on the appropriate line)

Property Owner 1: _____ Parcel Id. _____

Property Address: _____ City: _____ St: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Existing zoning: _____ Existing Use: _____ **Signature:** _____

Property Owner 2: _____ Parcel Id. _____

Property Address: _____ City: _____ St: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Existing zoning: _____ Existing Use: _____ **Signature:** _____

Property Owner 3: _____ Parcel Id. _____

Property Address: _____ City: _____ St: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Existing zoning: _____ Existing Use: _____ **Signature:** _____

If more than 3 properties are involved attached additional applications as needed

I hereby certify that the above information is true and complete to the best of my knowledge and I further agree to comply with all rules, regulations, resolutions and ordinances of Cecil Township.

Signature of Applicant

Date

For Township Use

Date Accepted for Filing: _____

Hearing Date: _____

Fee paid: _____

Check No. _____

Receipt # _____

Planning Commission review date: _____

Recommended for: _____

Comments: _____

Supervisors decision Date: _____ *Decision:* _____ *Comments:* _____